

**Nebraska Statewide  
Critical Incident Stress Management  
Program**

**MEMBERSHIP APPLICATION**

PROGRAM USE ONLY
Troop Area _____
Date of Acceptance/Denial _____
Mental Health Support _____
Peer Support _____
Letter sent _____
Entered into Database _____
NIMS Certificates Received _____

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**CONTACT INFORMATION** *(Upon acceptance to the Nebraska CISM Program, this information may be shared with other CISM Program members to facilitate team deployment and communication.)*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

e-Mail Address \_\_\_\_\_

**EMPLOYMENT HISTORY FOR PAST 5 YEARS** *(Please list the most recent position first.)*

Employer	Job Title	Dates of Employment

**TRAINING/EDUCATION** *(Please list the most recent education first.)*

Institution	Dates of Attendance	Degree/Certification

**Nebraska CISM Program – Membership Application**

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**Mental Health Professionals:** Discipline: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**COMMUNITY ACTIVITIES AND PROFESSIONAL ORGANIZATIONS** *(Please include any affiliation with a volunteer fire department, rescue squad, or crisis intervention program.)*

Institution	Dates of Attendance	Degree/Certification

**REFERENCES** *(Please provide three character references AND one letter of recommendation from an active member of the applicant's position)*

Name	Occupation	Daytime Phone Number
		Letter of Recommendation

**GROUP PROCESS OR STRESS MANAGEMENT TRAINING** *(Please list and describe any formal training in group process; acute, chronic and cumulative stress; post-traumatic stress; crisis intervention; or psychological first aid.)*

Title of Training	Description of Training	Dates of Attendance

**Have you attended CISM "Basic Training?"**       YES       NO  
*(If yes, please provide a copy of your "Certificate of Completion.")*

**RELATED EXPERIENCE** (Please describe any experience with emergency service agencies and/or emergency service personnel.)

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Have you ever been convicted of a felony?       YES       NO

**Submit copies of NIMS Incident Command System (ICS) course completion certificates for 100, 200 and 700. ICS 800 is recommended but not mandatory.**

**Clergy members must provide documentation of completion of a generally recognized Clinical Pastoral Education Program which includes practicum, or current or recent membership in the American Association of Pastoral Counselors or an equivalent organization of a recognized denomination, if applying for a mental health support personnel position.**

*I attest that the information provided is true and accurate to the best of my knowledge. I give permission for a representative of the Nebraska CISM Program to contact current and previous employers and character references listed on this application.*

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Signature of Applicant \*

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Date

*\* If filling out this form electronically, typing your full name in the “Signature of Applicant” field represents an electronic signature. By signing the application electronically, you are affirming that the information provided is true and accurate to the best of your knowledge, and that you give permission for a representative of the Nebraska CISM Program to contact current and previous employers and character references listed on this application.*

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**Applicant’s Checklist**

- Application completed and signed
  - Provide a copy of course completion certificate
  - Provided a letter of recommendation
  - Submitted three character references
  - Submit copies of NIMS certificates
  - Attach necessary documentation for Clergy
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Please send application and **attachments** to: **Nebraska CISM Program, P.O. Box 95026, Lincoln, NE 68509-5007** or email to [Debbie.kuhn@nebraska.gov](mailto:Debbie.kuhn@nebraska.gov).